**DPP-253 APS SAFETY AND RISK CONSULTATION FORM**

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| --- | --- | --- |
| **Date of consultation:** |  |  |
| **Case name:** |       |  | **TWIST #:** |       | **Intake ID:** |       |
| **SSW/SSC:** |       |  | **FSOS:** |       | **County:** |       |

**Type of consult:** **[ ]  Request for state guardianship** **[ ]  Request for involuntary court action**

**Adult victim demographics**

|  |  |
| --- | --- |
| **Name:** |       |
| **Current location:** |       |
| **Gender:** |       | **DOB:** |       | **SSN:** |       |
| **Residency:** | **[ ]  Kentucky** **[ ]  US** |
| **Diagnosis:** | **Medical:** |       |
|  | **Mental health:** |       |

**Spouse/Caretaker/Provider Information**

|  |  |
| --- | --- |
| **Name:** |       |
| **Address:** |       |
| **Phone #:** |       |
|  |  |
| **TWIST History:** |       |
| **Criminal History:** |       |

(Provide additional details for convictions of a sex crime per KRS 17.500 or a violent offense per KRS 439.3401)

**Current adult maltreatment safety/risk (check all that apply)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **[ ]  Abuse** | **[ ]  Caretaker neglect** | **[ ]  Self neglect** | **[ ]  Exploitation** | **[ ]  Other** |       |

**Situation indicating possible guardianship need/involuntary court action (describe).**

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|       |

**What least restrictive alternatives have been considered to prevent the need for state guardianship or APS involuntary court action (include any services or resources that have been utilized)?**

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|       |

**What research has been completed to locate alternative options for state intervention (i.e. Lexus/Nexus)?**

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|       |

**Individuals considered (family, friends, etc.)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Relationship** | **Address** | **Phone**  |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
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|       |       |       |       |

**Please review the following statements and select all that apply:**

|  |  |  |
| --- | --- | --- |
|  | [ ]  An urgent and bona fide need to initiate the action exists | [ ]  It is the least restrictive measure |
|  | [ ]  Filing the petition is in the best interest of the individual | [ ]  No one else is willing to bring the petition |

**Consultation participants**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Title** | **Name** | **Title** |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

**Upon review of this referral/consultation, the consensus is that the following action will be taken:**

|  |  |  |
| --- | --- | --- |
|  | [ ]  Emergency guardianship petition | [ ]  Guardianship petition |
|  | [ ]  Emergency protective services order | [ ]  Ex Parte order |
|  | [ ]  Additional information to be gathered | [ ]  202A |
|  | [ ]  No action needed at this time |  |

**Action steps:**

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